# STATE OF SOUTH DAKOTA
# Statement of Legal Newspaper Ownership and Circulation

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|---|---|---|
| 1. TITLE OF NEWSPAPER: The Hoven Review | | 2. DATE: 9-25-2024 |
| 3. FREQUENCY OF ISSUE: Weekly | 3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52 | 3B. ANNUAL SUBSCRIPTION PRICE $: $38.00 in-state/$41. |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): Po Box 31, Hoven, SD 57450 | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): The Hoven Review, Po Box 37, 69 2nd Ave E, Hoven, SD 57450 | | |
| 6. FULL NAME OF PUBLISHER: Hoven Media Inc., | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.<br>FULL NAME: List on Back<br>COMPLETE MAILING ADDRESS | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. | | |

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
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| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | 600 | 600 |
| B. PAID AND/OR REQUESTED CIRCULATION<br>1. Sales through dealers and carriers, street vendors, and counter sales. | 80 | 69 |
| 2. Mail Subscription (Paid and or requested) | 414 | 414 |
| 3. Paid Electronic Copies | 0 | 0 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | 491 | 483 |
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| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 5 | 5 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 496 | 488 |
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| 2. Return from News Agents | 0 | 0 |
| G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.) | 600 | 600 |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**

**I swear that the statements made by me are true, correct, and complete:**

Scott Johnson
(Signature)

Manager
(Title)

State of South Dakota

County of Edmunds

(Seal)

PAULETTE J MAURSETTER
NOTARY PUBLIC SEAL
STATE OF SOUTH DAKOTA

Sworn to before me this 25th day of September, 2024

Paulette J Maursetter
Notary Public

My commission expires: June 12, 2029

Form: SOS REC 051 9/2016